

Date _____ # _____

Hi! Welcome to your Teen Clinic

Your name _____ Birthday _____
First Middle Initial Last

Address _____ City _____ Zip _____

Phone # that's safe for us to call _____ Who's # is it? _____

If you are in school, what school? _____

What can we do for you tonight?

What is the MAIN reason why you are here tonight? _____

What else are you here for?

I need a NEW birth control method. *If you already know what kind, circle it/them.*

- | | | | | |
|------------------------------|-----------------|-----------|------|---------|
| Pills | Depo (the shot) | Norplant | IUD | Condoms |
| Emergency Contraceptive Pill | | Diaphragm | Foam | Other |

I need a refill on my birth control. What kind? _____

I need more information about birth control.

_____ am having problems with my or my partner's birth control method.

I might have an infection (STD). I need an infection check.

I might be pregnant. I need a pregnancy test.

_____ need a hepatitis shot.

I have private things I'd like to talk with someone about.

I would like to talk to the YES counselor.

Other _____

To help us serve you better, please tell us...

At what time do you **absolutely** have to leave? _____
(You probably will be here for an hour or more, depending on how many people are in front of you)

Where are you staying? I am staying with (circle):

- | | | | | |
|------------|---------|-----------|------------|-----------|
| Parents | Friends | By myself | Girlfriend | Boyfriend |
| Relative/s | Wife | Husband | Shelter | Other |

